

Capability 1: Foundation for Health Care and Medical Readiness

Objective 1: Establish and Operationalize a Health Care Coalition

HCCs should coordinate with their members to facilitate:

- *Strategic planning
- *Identification of gaps and mitigation strategies
- *Operational planning and response
- *Information sharing for improved situational awareness
- *Resource coordination and management

HCCs serve as multiagency coordination groups that support and integrate with other Emergency Support Function-8 (ESF-8) activities. Coordination between the HCC and the ESF-8 lead agency can occur in a number of ways. Some HCCs serve as the ESF-8 lead agency for their jurisdiction(s). Others integrate with their ESF-8 lead agency through an identified designee at the jurisdiction's Emergency Operations Center (EOC) who represents HCC issues and needs and provides timely, efficient, and bi-directional information flow to support situational awareness.

Activity 1: Define Health Care Coalition Boundaries

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
1. The HCC Defines its geography as:	Rural	According to page 12 of the 2017-2022 Health Care Preparedness and Response Capabilities, a rural HCC fits the following guideline: distances between hospitals exceed 50 miles and where the next closest hospitals are also critical access hospitals with limited services. Your coalition may or may not fit this guide.			
2. The HCC has defined its boundaries in a way that supports optimal and manageable preparedness and response and ensures there are no geographic gaps in HCC coverage.	Yes	HCCs must work with their recipient and HCC members to define a boundary that considers daily health care delivery patterns, corporate health systems, and defined catchment areas. Territories and Freely Associated States (FAS) must describe their geography including: All health care providers on any island How the HCC, including the hospital, is connected to the Emergency Support Function - 8 (ESF-8) medical surge structure (or to government public health and medical leadership) Where the governmental emergency operations center (EOC) is located and the person(s) responsible to staff that position			

Activity 2: Identify Health Care Coalition Members

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
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1. The HCC has diverse membership to ensure a successful whole community response.	Yes	<p>Membership must include two of the following core member type organizations:</p> <p>Acute Care Hospitals - 16 EMS - 25 EM - 2 Public Health - 21 Specialty Patient Referral Centers - 0 Behavioral Health Services and Organizations - 0 Community Emergency Response Team (CERT) and Medical Reserve Corps (MERC) - 0 Dialysis Centers and Regional Centers for Medicare and Medicaid Services (CMS)-funded end-stage renal disease (ESRD) networks - 0 Federal facilities (e.g., DoD hospitals, VA medical centers) - 1 Home Health Agencies - 6 Infrastructure Agencies - 0 Jurisdictional Partners, including cities, counties, and tribes - 0 Local Chapters of health care professional organizations - 0 Local Public Safety Agencies - 4 Medical and device manufacturers and distributors - 0 Non-governmental Organizations - 1 Outpatient Health Care Delivery Centers - 0 Primary Care Providers, including pediatric and women's health care providers - 2+A29 Schools and universities, including pediatric and women's health care providers - 2 Skilled nursing, nursing, and long-term care facilities - 26 Support Service Providers - 0 Other Organizations - 0 Public or Private Payers - 0</p> <p>This is Performance Measure 4 of the HPP Performance Measure Implementation Guidance.</p>			
2. How are multiple entities of a single HCC member type represented?	Direct participation in HCC activities	In cases where there are multiple entities of an HCC member type, there may be a subcommittee structure that establishes a lead entity to communicate common interests to the HCC (e.g., multiple dialysis centers forming a subcommittee).			

Activity 3: Establish Health Care Coalition Governance

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
1. How is the HCC fiscally structured?	Funding passed through a fiscal agent				
2. Which type of organization/agency is the lead of the HCC?	Hospital				
3. The HCC has a governance document(s) that includes the following elements: HCC membership An organizational structure to support HCC activities Member guidelines for participation and engagement Policies and procedures Integration within existing state-, local-, and member-specific incident management structures and specific roles	Yes	Guidance can be found on page 13 of the 2017-2022 Health Care Preparedness and Response Capabilities.			
4. The HCC coordinates with all ESF-8 lead agencies within their defined boundaries.	Yes	Coordination between the HCC and the ESF-8 lead agency can occur in a number of ways. Some HCCs serve as the ESF-8 lead agency for their jurisdiction(s). Others integrate with their ESF-8 lead agency through an identified designee at the jurisdiction's EOC who represents HCC issues and needs and provides timely, efficient, and bidirectional information flow to support situational awareness.			

5. The HCC has processes and mechanisms to review its governance documents.	Yes	Reviews should take place regularly and should ensure that members have input into governance processes and related documents.			
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CPG Activity Assessment Questions

1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Highly Important				
2. The HCC has gaps in the following activities of this objective:	Activity 2	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).			
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	Lack of trained personnel Administrative Barriers Low priority objective				
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	N/A				

Objective 2: Identify Risks and Needs

The HCC should identify and plan for risks, in collaboration with the Emergency Support Function-8 (ESF-8) lead agency, by conducting assessments or using and modifying data from existing assessments for health care readiness purposes. These assessments can determine resource needs and gaps, identify individuals who may require additional assistance before, during, and after an emergency, and highlight applicable regulatory and compliance issues. The HCC and its members may use the information about these risks and needs to inform training and exercises and prioritize strategies to address preparedness and response gaps in the region.

Activity 1: Assess Hazard Vulnerability and Risks

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
1. The HCC has completed an annual hazard vulnerability analysis (HVA) to identify and plan for risks, in collaboration with the recipient.	Yes	Guidance on HVAs can be found on pages 13-14 of the 2017-2022 Health Care Preparedness and Response Capabilities.			
2. The HCC has engaged in their recipient's jurisdictional risk assessment in the past year.	Yes	This is Performance Measure 9 in the HPP Performance Measure Implementation Guidance.			

Activity 2: Assess Regional Health Care Resources

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
1. The HCC has completed a resource assessment to identify health care resources and services at the jurisdictional and regional levels that could be coordinated and shared.	Yes	A list of areas that should be included in a resource assessment is included on page 14 of the 2017-2022 Health Care Preparedness and Response Capabilities here.	In collaboration with Montana Department of Health and Human Services, HCC members will perform an assessment to identify the health care resources and services that are vital for continuity of health care delivery during and after an emergency. The HCC will then use this information to identify resources that could be coordinated and shared. The resource assessment will be different for various HCC member types, but will address resources required to care for all populations during an emergency.		

Activity 3: Prioritize Resource Gaps and Mitigation Strategies

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
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1. The HCC has identified and prioritized its resource gaps based on coordination and consensus with its members.	In progress	The HCC and its members can identify resource gaps by comparing available resources to identified resource vulnerabilities. HCC members should prioritize gaps based on consensus and determine mitigation strategies based on the time, materials, and resources necessary to address and close gaps.	Gaps will be identified after the resource assessment is sent out. Additionally, gathering HVA's during site visits, filling out the KS120 and comparing information from other facilities within the region will allow identification of gaps and resources. Being part of the ESF8 meetings will assist with situation awareness. EMResource data will also help identify gaps. SHARING INFORMATION and PROVIDING TRAININGS and EDUCATION to close the gaps; providing to all member types information via the Coalition News Letter; Semi-Annual EMPower Data Distribution; Social Vulnerability Index; Montana County Profiles.	6/30/2024	07/10/2023: Resource Gap Analysis Data has been received and discuss ongoing of utilization. Information will be shared at executive committee meetings, membership meetings, trainings and exercises, and facility/agency visits with goals for closing the gaps. Other information sharing platforms include Coalition Newsletter; Semi-Annual EMPower Data Distribution; Social Vulnerability Index; Montana County Profiles. Discussions of the Facility/Agency HVA during site visits.
2. The HCC and its members have identified strategies necessary to mitigate and/or close gaps.	In Progress	Gaps may be addressed through coordination, planning, training, or resource acquisition. Accessing and integrating resources is a key part of closing gaps.		6/30/2024	

Assess Community Planning for Children, Pregnant Women, Seniors, Individuals with Access and Functional Needs, and Others with

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
1. The HCC has assessed and planned to appropriately meet the needs of individuals who may require additional help during emergencies and planned events.	Yes				
2. The HCC has accessed the de-identified emPOWER data map at least once every six months to identify numbers of individuals with electricity-dependent medical and assistive equipment for planning purposes.	Yes	This is Performance Measure 7, Part B in the HPP Performance Measure Implementation Guidance.			

Activity 5: Assess and Identify Regulatory Compliance Requirements

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
1. The HCC assesses and identifies regulatory compliance requirements.	Yes	The HCC should: Understand federal statutory, regulatory, or national accreditation requirements that impact emergency medical care Understand state or local regulations or programs that impact emergency medical care Understand the process and information required to request necessary waivers and suspension of regulations Support crisis standards of care planning, including the identification of appropriate legal authorities and protections necessary when crisis standards of care are implemented Maintain awareness of standing contracts for resource support during emergencies For regulatory compliance information, please see pages 17-18 of the 2017-2022 Health Care Preparedness and Response Capabilities.			

CPG Activity Assessment Questions

1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Highly Important				
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2. The HCC has gaps in the following activities of this objective:	Activity 2 Activity 3	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.).			
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	Lack of trained personnel Lack of subject matter expertise Administrative barriers Lack of supporting infrastructure				
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	N/A				

Objective 3: Develop and Health Care Coalition Preparedness Plan

The HCC preparedness plan enhances preparedness and risk mitigation through cooperative activities based on common priorities and objectives. In collaboration with the Emergency Support Function-8 (ESF-8) lead agency, the HCC should develop a preparedness plan that includes information collected on hazard vulnerabilities and risks, resources, gaps, needs, and legal and regulatory considerations (as collected in Capability 1, Objective 2, Activities 1-5 above). The HCC preparedness plan should emphasize strategies and tactics that promote communications, information sharing, resource coordination, and operational response planning with HCC members and other stakeholders. The HCC should develop its preparedness plan to include core HCC members and additional HCC members so that, at a minimum, hospitals, Emergency Medical Services (EMS), emergency management organizations, and public health agencies are represented. The plan can be presented in various formats (e.g., a subset of strategic documents, annexes, or a portion of the HCC's concept of operations plans [CONOPS]).

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
1. The HCC has a complete preparedness plan with the following required components: The plan has been developed with member and stakeholder input Outlines of strategic and operational objectives for the HCC as a whole and for each HCC member Short-term and long-term objectives A recurring objective to develop and review the HCC response plan Details to inform training, exercise, and resource and supply management A checklist of members' proposed activities, progress reporting methods, and accountability and completion processes HCC and member priorities for planning and coordination Details on leveraging members' facility preparedness plans	Yes	Core member types are defined as acute care hospitals, EMS, emergency management organizations, and public health agencies.			
2. The HCC has a preparedness plan that has been approved by all of its core member organizations.	Yes				
3. The HCC has provided an opportunity for additional member organizations to provide input into the preparedness plan.	Yes				
4. The HCC has provided a final copy of the preparedness plan to all member organizations.	Yes				
5. The HCC has a process to regularly review and update the preparedness plan.	Yes	HCC members should approve the initial plan and maintain involvement in regular reviews. Following reviews, the HCC should update the plan as necessary after exercises and real-world events. The review should include identifying gaps in the preparedness plan and working with HCC members to define strategies to address the gaps.			

CPG Activity Assessment Questions

1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important				
2. The HCC has gaps in meeting this objective.	No	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.)			
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	No gaps				

4. The HCC requires technical assistance to mitigate gaps in this objective.	No			
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Objective 4: Train and Prepare the Health Care and Medical Workforce

Training, drills, and exercises help identify and assess how well a health care delivery system or region is prepared to respond to an emergency. These activities also develop the necessary knowledge, skills, and abilities of an HCC member's workforce. Trainings can cover a wide range of topics including clinical subject matter, incident management, safety and protective equipment, workplace violence, psychological first aid, or planning workshops. The HCC should promote these activities and participate in training and exercises with its members, and in coordination with the Emergency Support Function-8 (ESF-8) lead agency, emphasizing consistency, engagement, and demonstration of regional coordination.

Activity 1: Promote Role-Appropriate National Incident Management System Implementation

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
1. The HCC assists its members with NIMS implementation.	In Progress	The HCC must assist with NIMS implementation in the following ways: Ensure HCC leadership receives NIMS training Promote NIMS-related training and exercises Assist HCC members with incorporating NIMS components into their emergency operations plans	The HCC will provide NIMS training and NIMS related exercises as available throughout the grant period. NIMS concepts and integration with current processes will be discussed during facility and agency.	6/30/2024	07/10/2023: The HCC's provided hands-on HICS training at our Regional Meetings in May 2023, as well as CHEC training in BP4. NIMS compliance discussed at facility/agency visits, executive committee and regional membership meetings, during training and exercises, as appropriate. Plan to provide trainings and exercises in BP5 that will help facilities better integrate NIMS into their incident responses.

Activity 2: Educate and Train on Identified Preparedness and Response Gaps

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
1. The HCC coordinates with its members to address preparedness and response gaps through education and training.	Yes	The HCC's education and training program should include the following: Promote understanding of HCC member specific roles and responsibilities in emergency response Train on specific gaps and needs identified by HCC members Promote/support training for health care providers, laboratorians, non-clinical staff, and ancillary workforce Ensure health care organization leadership is aware of/engaged in HCC activities Employ a variety of modalities (e.g., online, classroom, etc.)			
2. The HCC has documented its training and education activities and shared them with their recipient for inclusion in the multi-year exercise plan (MYTEP).	Yes	Training plans should include: Initial education Continuing education Appropriate certification Just-in-time training For details regarding recipient MYTEP submission requirements, please see page 1 of the HPP exercise requirements supplement.			

Activity 3: Plan and Conduct Coordinated Exercises with Health Care Coalition Members and Other Response Organizations

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
1. The HCC plans and conducts coordinated exercises to assess the health care delivery system's readiness.	Responses regarding HCC exercise activities will be captured in the exercise tool.				

Activity 4: Align Exercises with Federal Standards and Facility Regulatory and Accreditation Requirements

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
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1. The HCC coordinates with its members to align exercises with federal standards, and facility regulatory and accreditation requirements.	Yes	For standards, regulations, and accreditation requirements that HCCs should consider for exercise development/execution, please see page 21 of the 2017-2022 Health Care Preparedness and Response Capabilities.			
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Activity 5: Evaluate Exercises and Responses to Emergencies

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
1. The HCC coordinates with its members to evaluate exercises and responses to emergencies.	Yes	When evaluating exercises, the HCC should coordinate with its members and recipients to complete both After Action Reports (AARs) that document gaps revealed during exercises/events AND Improvement Plans (IPs) that detail plans to address gaps, responsible parties and time to complete, and recommended processes to retest revised plans. Possible gaps include such things as member composition issues, planning or resource shortfalls, or lack of skills revealed during the exercise and response evaluation processes.			

Activity 6: Share Leading Practices and Lessons Learned

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
1. The HCC coordinates with its members, government partners, and other HCCs to share leading practices and lessons learned.	Yes	For principles for sharing leading practices and lessons learned, please see page 22 of the 2017-2022 Health Care Preparedness and Response Capabilities.			

CPG Activity Assessment Questions

1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important				
2. The HCC has gaps in the following activities of this objective:	Activity 1	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.)			
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	Lack of subject matter experts Administrative barriers				
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	N/A				

Objective 5: Ensure Preparedness is Sustainable

Sustainability planning is a critical component to HCC development. Strong governance mechanisms, constant regional stakeholder engagement, and sound financial planning help form the foundation to continue HCC activities well into the future. Sustainability should emphasize HCC processes and activities that support member needs and regulatory requirements (e.g., exercises and evacuation planning).

Activity 1: Promote the Value of Health Care and Medical Readiness

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
1. The HCC and its members promote their mission, role, and benefit to all sectors of the region through various mechanisms.	Yes	For information on promoting the value of health care and medical readiness, please see page 22 of the 2017-2022 Health Care Preparedness and Response Capabilities.			

Activity 2: Engage Health Care Executives

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
1. The HCC communicates direct and indirect benefits of HCC participation to health care executives.	In progress	For information on the benefits of joining an HCC, please see page 23 of the 2017-2022 Health Care Preparedness and Response Capabilities.	The HCC will communicate the direct and indirect benefits of HCC membership to health care executives to advance their engagement in preparedness and response. Health care executives will be encouraged to formally endorse their organization's participation in the HCC. Health care executives will be encouraged to be engaged in their facilities' response plans and provide input, acknowledgement, and approval regarding HCC strategic and operational planning. The HCC will regularly inform health care executives of HCC activities and initiatives through reports and invitation to participate in meetings, training, and exercises. The HCC will work to engage health care executives in debriefs ("hotwashes") related to exercises, planned events, and real-world events.	6/30/2024	7/10/2023: HCCs engage health care executives through information sharing via the HCC monthly newsletter, via direct communications during conferences and conventions, and through facility and agency visits. Trainings and exercises provided by the coalitions encourage executive involvement and input. The HCC's invite health care executives to executive committee meetings and regional membership meetings. Importance of HCC participation with executives is stressed during LEPC/TERC meetings, EM planning committee meetings, trainings and exercises.
2. The HCC engages health care executives to provide input, acknowledgement, and approval regarding HCC strategic and operational planning.	In progress	For information on the benefits of joining an HCC, please see page 23 of the 2017-2022 Health Care Preparedness and Response Capabilities.		6/30/2024	7/10/2023: HCCs engage health care executives through information sharing via the HCC monthly newsletter, via direct communications during conferences and conventions, and through facility and agency visits. Trainings and exercises provided by the coalitions encourage executive involvement and input. The HCC's invite health care executives to executive committee meetings and regional membership meetings. Importance of HCC participation with executives is stressed during LEPC/TERC meetings, EM planning committee meetings, trainings and exercises.
3. The HCC regularly informs its members' health care executives of activities and initiatives through reports and invitations to participate in meetings, trainings, and exercises.	Yes	Please see the exercise tool for more information on including executives in HCC activities.			

Activity 3: Engage Clinicians

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
1. The HCC engages clinicians to provide input, acknowledgement, approval, and expertise across a range of HCC activities.	In progress	Clinicians can contribute to the following activities found on page 23 of the 2017-2022 Health Care Preparedness and Response Capabilities: Provide input, acknowledgment, and approval of strategic and operational planning Validate medical surge plans Provide subject matter expertise to ensure realistic training and exercises Lead health care provider training for assessing and treating various types of illnesses and injuries	The HCC will engage health care delivery system clinical leaders to provide input, acknowledgement, and approval regarding strategic and operational planning primarily through the Coalition Clinical Advisor. The HCC will lean on the connections and relationships of the Clinical Advisor to better engage clinicians from a wide range of specialties to validate medical surge plans and to provide subject matter expertise to ensure realistic training and exercises. Through these relationships, clinicians with relevant expertise will be asked to lead health care provider training for assessing and treating various types of illnesses and injuries lending to better engagement by clinicians in strategic and operational planning, committees and advisory board participation, and active participation in training and education sessions as well as response activities.	6/30/2024; ongoing	07/10/2023: The HCC's have hired a clinical advisor to provide input, acknowledgment, validate medical surge plans, and approval of strategic and operational planning. This will also include providing subject matter expertise to ensure NIMS compliant trainings and exercises, with emphasis in assessing and treating various types of illnesses and injuries. In addition to the information listed above, trainings provided by the HCCs, i.e., SIM-MT Trainings, Radiation TTX, and the MRSE, have all been created by individuals with expertise in their fields to provide NIMS compliant trainings. HCCs will continue to use SMEs in planning and execution of trainings and exercises in BPS.

Activity 4: Engage Community Leaders

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
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1. The HCC engages community leaders to promote the resilience of the entire community.	In progress	Community leaders, as described on page 24 of the 2017-2022 Health Care Preparedness and Response Capabilities, are leaders outside of HCC membership organizations, including businesses, charitable organizations, and the media.	Consistent with a whole community approach to preparedness, the HCC will actively work with and engage community leaders outside of its members with an information sharing campaign. The HCC will identify and engage community members, businesses, charitable organizations, and the media in health care preparedness planning and exercises to promote the resilience of the entire community. As able, the HCC Regional Coordinator will attend local LEPC/TERC meetings to build relationships and connections within local communities and share the mission of the HCC.	6/30/2024; ongoing	07/10/2023: Ideas include: -attending LEPC/TERC meetings as able, -displaying exhibitor booths at conferences, -attending facility/agency exercises, -offering opportunity for Chemical TTX, -offering opportunity for MRSE Exercise,
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Activity 5: Promote Sustainability of Health Care Coalitions

Activity Component	FY 23-24 Response	Guidance	FY 23-24 Workplan	FY 23-24 Due Date	FY 23-24 Progress Notes
1. The HCC works to promote organizational and financial sustainability.	In progress	For suggestions on enhancing HCC sustainability, please see page 24 of the 2017-2022 Health Care Preparedness and Response Capabilities here.	The HCC will offer services in meeting Emergency Preparedness Requirements for Medicare and Medicaid participating providers and suppliers, determine ways to cost share, incorporate leadership succession planning into the HCC governance and structure, and leverage group buying power to obtain consistent equipment across the region and allow for sharing or emergency allocation of equipment.	6/30/2024	07/10/2023: Sources of outside financial funding to maintain the Coalition if current funding ceases is unclear at this time. Possibility of group buying power with Ventures to provide lower costs and similar equipment throughout the region. No additional ways have been identified or confirmed at this time.
2. The HCC has a formal budgeting process based on gap analysis and project prioritization.	Yes	A formal budgeting process includes the method by which financial decisions are made to develop projects. This must include a project prioritization process. Project prioritization is based on the identification and prioritization of resource gaps.			
3. Please provide the total amount of funding received from the following sources: (Digits ONLY) Note: if no funding is received from any of these sources, enter "0".	Total HPP funding received by the recipient: 60,383.50 Total funding received from other federal sources: 0 Total funding received from non-federal sources: 0	This is Performance Measure 1 in the HPP Performance Measure Implementation Guidance.			
4. The HCC receives in-kind support from sources other than the recipient in the following forms:	Physical Space Equipment/supplies Labor hours	In-kind support from sources other than the recipient is defined as any non-monetary support for HCC activities received from sources other than the recipient. For further definitions of in-kind support, please see 45 Code of Federal Regulation (CFR), Part 92.24. This is Performance Measure 1 in the HPP Performance Measure Implementation Guidance.			

CPG Activity Assessment Questions

1. Based on an assessment of your hazards, vulnerabilities, and jurisdictional needs, please indicate how important this objective is to the HCC's overall preparedness and response mission.	Important				
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2. The HCC has gaps in the following activities of this objective:	Activity 2 Activity 3 Activity 4 Activity 5	The HCC has gaps if there is something that is preventing the HCC from making progress in a certain activity (e.g., financial, staffing, legal, etc.)			
3. Please choose the type of gaps/challenges/barriers the HCC has to any of the activities in this objective, if any.	Lack of subject matter experts Administrative barriers Lower priority objective Lack of supporting infrastructure				
4. The HCC requires technical assistance to mitigate gaps in this objective in the following activity(ies):	N/A				